



ACC.14

TCT@ACC-12 | innovation in intervention

A415

JACC April 1, 2014

Volume 63, Issue 12

Arrhythmias and Clinical EP

REAL WORLD DISCONTINUATION RATES WITH APIXABAN VERSUS WARFARIN, DABIGATRAN, OR RIVAROXABAN AMONG ATRIAL FIBRILLATION PATIENTS NEWLY INITIATED ON ANTICOAGULATION THERAPY: EARLY FINDINGS

Poster Contributions

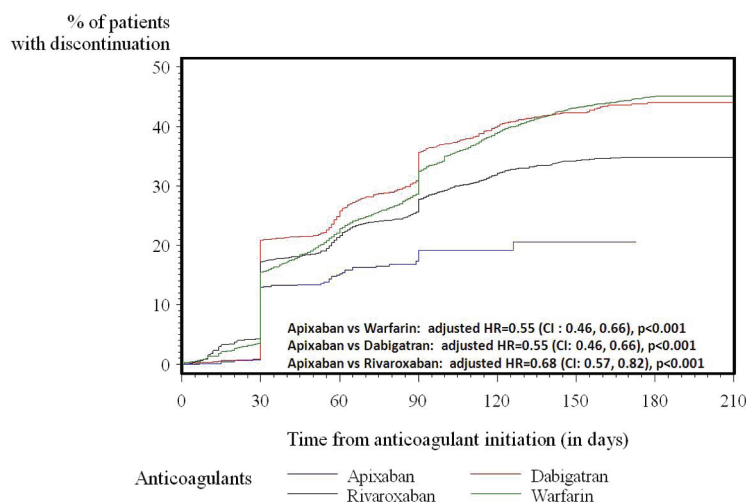
Hall C

Sunday, March 30, 2014, 3:45 p.m.-4:30 p.m.

Session Title: Arrhythmias and Clinical EP: New Observations Affecting Clinical Management

Abstract Category: 4. Arrhythmias and Clinical EP: AF/SVT

Presentation Number: 1217-102

Authors: *Xianying Pan, Sumesh Kachroo, Xianchen Liu, Hugh Kawabata, Hemant Phatak, Bristol Myers Squibb, Wallingford, CT, USA***Background:** This real-world study evaluated discontinuation rates of apixaban, warfarin, dabigatran, and rivaroxaban in patients with atrial fibrillation (AF).**Methods:** Retrospective cohort study was conducted using the MarketScan® Earlyview data from 01/2012 to 07/2013. AF Patients >18 years (ICD-9 code 427.31 or 472.32) with one year of baseline period were included if they were newly prescribed anticoagulation during the study period. Discontinuation was defined as lack of subsequent prescription of the index drug within 30 days after the last supply day of the last prescription. Cox proportional hazards model was used to compute age- and gender-adjusted relative risk of discontinuation.**Results:** Among 24,596 eligible patients, 12,758 (51.9%) were on warfarin, 977 (4.0%) on apixaban, 3,278 (13.3%) on dabigatran and 7,583 (30.8%) on rivaroxaban. Warfarin (mean age: 71.9±12.5 years) and apixaban (70.2±11.9 years) patients were older ($P<0.0001$) versus those prescribed dabigatran (67.5±12.3 years) or rivaroxaban (67.9±12.4 years). After adjusting for age and gender, patients using apixaban were less likely to discontinue ($P<0.0001$ for all comparisons) versus other anticoagulants (Figure).**Figure: Cumulative discontinuation rates of anticoagulants****Conclusion:** The risk of discontinuation was lower for apixaban versus other anticoagulants among newly anticoagulated AF patients. These early findings with relatively short follow-up should be confirmed in future with larger sample size and longer term follow-up.